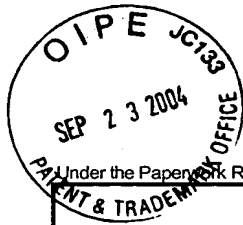


09-24-04

Op 1638\$ /
Gh

PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/812,350
		Filing Date	March 20, 2001
		First Named Inventor	Susan Lindquist
		Art Unit	1638
		Examiner Name	Baum, Stuart F.
Total Number of Pages in This Submission	47	Attorney Docket Number	HO-P01979US2

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard Declaration Under 37 CFR Section 1.132 and Four (4) attachments Check in the amount of \$475.00
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

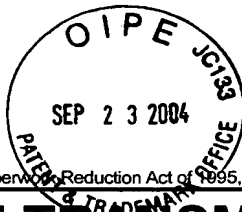
Firm or Individual name	FULBRIGHT & JAWORSKI L.L.P. Melissa L. Sistrunk - 45,579
Signature	<i>Melissa Sistrunk</i>
Date	September 23, 2004

Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER 509328755US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 23, 2004

Signature: *Monica L. Thomas* (Monica L. Thomas)



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (10-03)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	09/812,350
		Filing Date	March 20, 2001
		First Named Inventor	Susan Lindquist
		Examiner Name	Baum, Stuart F.
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1638
TOTAL AMOUNT OF PAYMENT (\$) 475.00		Attorney Docket No.	HO-P01979US2

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																													
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES																													
<input type="checkbox"/> Deposit Account: Deposit Account Number: 06-2375 Deposit Account Name: Fulbright & Jaworski L.L.P.																															
The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																															
FEE CALCULATION																															
1. BASIC FILING FEE																															
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td></tr></tbody></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	770	2001	385	1002	340	2002	170	1003	530	2003	265	1004	770	2004	385	1005	160	2005	80		
Large Entity	Small Entity	Fee Description	Fee Paid																												
Fee Code	Fee (\$)	Fee Code	Fee (\$)																												
1001	770	2001	385																												
1002	340	2002	170																												
1003	530	2003	265																												
1004	770	2004	385																												
1005	160	2005	80																												
SUBTOTAL (1) (\$) 0.00																															
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																															
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td></tr></tbody></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	1201	86	2201	43	1203	290	2203	145	1204	86	2204	43	1205	18	2205	9		
Large Entity	Small Entity	Fee Description	Fee Paid																												
Fee Code	Fee (\$)	Fee Code	Fee (\$)																												
1202	18	2202	9																												
1201	86	2201	43																												
1203	290	2203	145																												
1204	86	2204	43																												
1205	18	2205	9																												
SUBTOTAL (2) (\$) 0.00																															
**or number previously paid, if greater; For Reissues, see above																															

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Melissa L. Sistrunk	Registration No. (Attorney/Agent)	45,579
Signature		Telephone	(713) 651-3735
		Date	September 23, 2004

Fee Transmittal	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER 509328755US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: September 23, 2004	Signature: (Monica L. Thomas)